

Conflict of Interest

ATTACHMENT III

LOSS OF INTERIM STATUS
REGION VI EPA
R06-01-06

1. Reviewer: S. Phillips /SF
2. Facility name: Spartan Southwest Inc
3. Address/location: P.O. Box 1784
Albuquerque, N.M.
4. EPA I.D. No.: NMD 083212332
5. Type of RCRA units
requiring certification:
- | | |
|----------|----------|
| A. _____ | H. _____ |
| B. _____ | I. _____ |
| C. _____ | J. _____ |
| D. _____ | K. _____ |
| E. _____ | L. _____ |
| F. _____ | M. _____ |
| G. _____ | N. _____ |

Yes No Not
Determined

6. Is groundwater certification
required? If yes, continue to
Question 7. If no, go to Question
22.
7. Is financial assurance certifica-
tion required? If yes, continue
to Question 8. If no, go to
Question 22.

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	Yes	No	Not Determined
8. Was groundwater certification submitted? If yes, continue to Question 9. If no, answer Questions 9, 10, 11, and 12, and go to Question 20.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Was financial assurance certification submitted? If yes, continue to Question 10. If no, answer Questions 10, 11, and 12 and go to Question 20.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Is signature adequate? If yes, continue to Question 11. If no, answer Questions 11 and 12 and go to Question 22.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Documentation available?			
a. Part A Submittal - Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Part B Submittal - Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Topographic Map - _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Section 3007 Response - Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Closure Plan - Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Post-Closure Plan- Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. RCRA Inspection - Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Other - _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. <u>Certification</u> Date: _____			
ii. _____ Date: _____			
iii. _____ Date: _____			
iv. _____ Date: _____			
v. _____ Date: _____			
12. Do all documents listed in Question 11 agree with the information shown in Question 5? If yes, continue to Question 13. If no, go to Question 22 and check with Project Manager before continuing with questionnaire.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Does groundwater certification properly address all units listed in Question 5? If yes, continue to Question 14. If no, go to Question 22.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- | | Yes | No | Not
Determined |
|--|------------------------------|-----------------------------|--------------------------|
| 14. Does financial assurance certification (insurance and closure/post-closure) properly address all units listed in Question 5? If yes, continue to Question 15. If no, go to Question 22. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Does insurance address both sudden and non-sudden occurrences? If yes, continue to Question 16. If no, go to Question 22. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Which of the following options were used to demonstrate financial assurance for closure? Note: check yes for the appropriate method - it is not necessary to check No for those which do not apply. | <u>Closure
Cost</u> | <u>Insurance
Part B</u> | <u>Available</u> |
| a. Closure trust fund: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Surety bond guaranteeing payment into a closure trust fund: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Surety bond guaranteeing performance: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Closure letter of credit: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Closure insurance: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Financial test/corporate guarantee: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Multiple financial mechanisms: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Which of the following options were used to demonstrate financial assurance for post-closure? Note: Check yes for the appropriate method - it is not necessary to check no for those which do not apply. | <u>Post Closure
Cost</u> | <u>Insurance
Part B</u> | <u>Available</u> |

- | | Yes | No | Not
Determined |
|--|--------------------------|--------------------------|--------------------------|
| a. Post-closure trust fund: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Surety bond guaranteeing
payment into a post-closure
trust fund: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Surety bond guaranteeing
performance: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Post-closure letter of
credit: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Insurance: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Financial test/corporate
guarantee: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Multiple financial
mechanisms: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Is certification considered
complete? If no, explain in
Question 22. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Is financial assurance considered
complete? If no, explain in
Question 22. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. If the answer to Questions 3, 9,
18, or 19 is no, was a closure
plan submitted? If yes, continue
to Question 21. If no, go to
Question 22. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. If the answer to Questions 8, 9,
18, or 19 is no, was a post-
closure plan submitted? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Briefly discuss the problems or discrepancies identified and
determine if they are of a nature which prevents further review. | | | |
